

Improving the System of Care for Women Suffering from Pregnancy-Induced Hypertension in Tver Oblast

Introduction

USAID/Moscow is funding the Quality Assurance Project (QAP), implemented by The Center for Human Services (CHS), to work in health care quality improvement in the Russian Federation. The activities are conducted under the umbrella of the US-Russia Joint Commission on Economic and Technological Cooperation, Access to Quality Health Care priority areas.

Background

A recent increase in women below the age of 19 and above the age of 35 giving birth has led to an increase in incidence of women suffering from Pregnancy-Induced Hypertension (PIH). In 1997, 18.4 percent of women who gave birth in Tver Oblast suffered from Pregnancy-Induced Hypertension, and 23.5 percent in the Vishni Boloshok region. Of the 25 maternal deaths in the past three years, 8 were due to Pregnancy-Induced Hypertension. In addition, mothers with Pregnancy-Induced Hypertension have a higher rate of newborns with RDS and infant mortality.

Methodology

The quality assurance approach integrates “improvement knowledge”, or quality management with “content knowledge”, or subject-matter knowledge. Evidence-based medicine is stressed as the basis of the content knowledge, and is used to develop clinical guidelines. Quality management utilizes the systems approach, a team-based problem solving methodology, a focus on internal and external customers, and the testing of changes for improvement. Indicators of quality are defined and measured before, during, and after the introduction of changes.

Project Design

Three facilities, 1 urban and 2 rural, are participating in the project. Multi-disciplinary teams representing the different staff functions involved in each of the facilities were set up. A Steering Committee was set up to oversee the project. This consisted of the leaders of the teams in the participating facilities, Oblast senior physicians, and health leaders from Tver Oblast. Technical assistance is provided by the CHS-QAP, consultant obstetricians for CHS-QAP, the Agency for Health Care Policy Research, MedSocEconInform, and the Research Center of Obstetrics, Gynecology, and Perinatology in Moscow.

Key Changes Made to the System of Care for Women with PIH in Tver

- (a) The new clinical guidelines are based on the 10th edition of the International Classification of Diseases;
- (b) The new clinical guidelines represent a significant change in the understanding of PIH. The recently developed clinical guidelines stress the importance of mono-therapy and early delivery;
- (c) The new guidelines do not include the old category of pre-toxaemia, preventive hospitalizations, and various non-evidence based treatments for PIH;
- (d) The new guidelines have promoted the role of the midwife in the management of PIH; and
- (e) Existing “directives” and “methodological recommendations” are being changed in order to facilitate the implementation of the new system.

Key Indicators of Quality

The following measures of improvement are currently being monitored in order to demonstrate improvements in the system of care for women with PIH:

- (a) The reduction in severity of PIH, namely eclampsia;
- (b) The reductions in morbidity associated with PIH, namely stroke, renal, and liver failures; and
- (c) The reductions in maternal and newborn mortality associated with PIH.

Progress to Date

The new system of care for pregnant women with PIH has been developed. The new clinical guidelines are currently being finalized. The system will be fully operational in the three participating facilities by September 15, 1999.

Center for Human Services

7200 Wisconsin Ave.
Suite 600
Bethesda, MD
20814-4811



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